PART MANAGEMENT	ectioned Price Offerings action Form	ICE, Feirn 463 OARE Control No. 3060-0966/QARE Control No. 3060-0819
		ikly 2013
<010>	Study Area Code	339032
<015>	Study Area Name	Virgin Mobile USA LF
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

	db	90	-	T	1	ab		dt
State	Exchange (ILEC) Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
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ESPERATOR SERVICE	perating Companies Section Form					FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0619 5uty 2013
<010>	Study Area Code		339032			
<015>	Study Area Name		Virgin Mobile	HSA LP	**********	
<020>	Program Year	3.00	2015	VVA. HE		
<030>		USAC should contact regarding this data	Andrew M. Lar	ncaster		3.1
<035>		mber - Number of person identified in data line <030>	9137626107 ex			
<039>		- Email Address of person identified in data line <030>	andy.m.lanca	ster@sprint.com		
<810>	Reporting Carrier	Virgin Mobile USA LP				1000-00-11
<811>	Holding Company	Softbank Corp.				
<812>	Operating Company					
				•		
<813>		-3 <ab< th=""><th></th><th>422</th><th></th><th><a3></a3></th></ab<>		42 2		<a3></a3>
		Affiliates		SAC	Doing Bo	usiness As Company or Brand Designation

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	3		See aff	ached worksh	eet	
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		, Huly 2018	
10>	Study Area Code	339032	
15>	Study Area Name	Virgin Mobile USA LP	
20>	Program Year	2015	
30>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	_
35>	Contact Telephone Number - Number of person identified in data line <0	11/1/2007	_
39>	Contact Email Address - Email Address of person identified in data line <	e <030> andy.m.lancaster@aprint.com	_
10>	Tribal Land(s) on which ETC Serves		
20>	Tribal Government Engagement Obligation	Name of Attached Document	
ioue r	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	rm the status described on the attached document(s), on line 920,		
	trates coordination with the Tribal government pursuant to	Select	
	3(a)(9) includes:	(Yes,No, NA)	
21>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
22>	Feasibility and sustainability planning;		
23>	Marketing services in a culturally sensitive manner;		
24>	Compliance with Rights of way processes		
5>	Compliance with Land Use permitting requirements		
6>	Compliance with Facilities Siting rules		
27>	Compliance with Environmental Review processes		
28>	Compliance with Cultural Preservation review processes		
29>	Compliance with Tribal Business and Licensing requirements.		

2000 V 65700	o Terrestrial Backhaul Reporting ection Form	ECC Form 481 DIMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013
<010>	Study Area Code	339032
015>	Study Area Name	Virgin Mobile USA LP
020>	Program Year	2015
030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
:039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com
1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1. Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

	Study Area Code		339032
<015>	Study Area Name		Virgin Mobile USA LP
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data	ine <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030>	andy.m.laboaster@sprint.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
		_	Name of Attached Document
<1220>	Link to Public Website	HTTP ht	ttp://www.asaurancewireless.com/Public/TermsandConditions.aspx
	heck these boxes below to confirm that the attached document(s), on line	1210,	
	ebsite listed, on line 1220, contains the required information pursuant to		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers mu:	st	
annually	report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1	
	Details on the number of minutes provided as part of the plan,	/	
<1222>	betails on the number of fillinotes provided as part of the plan,		

3253 E. C.	rice Cap Carrier Additional Decementation lection Form Roce-of-Return Corners offiliated with Price Cap Local Exchange Corners		FCC Form 481 UNIS Control No. 3060-0986/CMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339032	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com	
CHECK t	하고 마다마다 하다 가장 하고 아버지의 아내를 하지만 하면 하는데	ica Phase I support, frozen High Cost support, High e) the information reported on this form and in the	Cost support to offset access charge reductions, and Connect America Phase II e documents attached below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		\vdash
			Ħ
	Interim Progress Certification		
<2018> <2019>			
2019>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	shall provide the number, names, and	
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi	shall provide the number, names, and	

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1970 Study Azer Code	hata Coll	active form	
### Object Program Review Proposition	4,43		MA 2013.
2015 Contact Yamp Person USA' should contact regarding this data Acidem M. Lancasates.	<010>	Study Area Code	339032
Addition Contact Name - Person (NAC - Invaded contact regarding this data Angle w N. Lancastate	-		
### Contact Triegleuture Number C Romber of promo electrical in details in explose. Contact Triegleuture Number of promo electrical in data line explose.			
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Progress Report on 5 Year Pies Adhibitions of critification (4) C7 R § 54.313(f(1)))	CHECK		
Milestone Certification (47 CFR § 54.313(f)(1)(ii) Name of Attached Document Listing Required Information [3011] Fleese check this box to codiny that the attached document(s), on line 3012 contains the required information pursuant to \$ 54.313(f)(1)), the carer shall provide the mimmler, name, and addresses of community annotine provising access to broadband service in the proceeding calendar year. [3012] Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document listing Required Information provising access to broadband service in the proceeding calendar year. [3013] In your company a Privately Hold RDR Center (42 CFR § 54.313(f)(2)) Name of Attached Document listing Required Information provising access to confirm that the attached document(s), on line 3017, contains the required information pursuant to \$ 54.313(f)(2) complaince requires. [3015] Electronic copy of their annual Ritis's reports (poperating Report for Telecommunications Between Telecommunications Internations and Statement of Cash Flows [3015] If the response is us on on Biol 8018, attach your company addited? If the response is use on line 3014, a space check the bows below to confirm your sudmission, on line 3016, attach your company addited? If the response is use on line 3014, a space check the bows below to confirm your sudmission, on line 3016 provided discountant to 34.313(f)(2), contains: [3020] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows The response is use on line 3016, provided statement of the company's financial report to a format comparable to line of the company's financial report to a formation would be a financial report to a formation would b	CHECK I	CFR § 54.313(f)(2). I further certify ti	at the information reported on this form and in the documents attached below is accurate.
Milestone Certification (47 CFR § 54.313(f)(1)(ii) Name of Attached Document Listing Required Information [3011] Fleese check this box to codiny that the attached document(s), on line 3012 contains the required information pursuant to \$ 54.313(f)(1)), the carer shall provide the mimmler, name, and addresses of community annotine provising access to broadband service in the proceeding calendar year. [3012] Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document listing Required Information provising access to broadband service in the proceeding calendar year. [3013] In your company a Privately Hold RDR Center (42 CFR § 54.313(f)(2)) Name of Attached Document listing Required Information provising access to confirm that the attached document(s), on line 3017, contains the required information pursuant to \$ 54.313(f)(2) complaince requires. [3015] Electronic copy of their annual Ritis's reports (poperating Report for Telecommunications Between Telecommunications Internations and Statement of Cash Flows [3015] If the response is us on on Biol 8018, attach your company addited? If the response is use on line 3014, a space check the bows below to confirm your sudmission, on line 3016, attach your company addited? If the response is use on line 3014, a space check the bows below to confirm your sudmission, on line 3016 provided discountant to 34.313(f)(2), contains: [3020] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows The response is use on line 3016, provided statement of the company's financial report to a format comparable to line of the company's financial report to a formation would be a financial report to a formation would b			
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Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$54.313 (f)(1)(s), the caree shall provide the number, names, and addresses of community arithm information pursuant to \$54.313 (f)(1)(s), the caree shall provide the number, names, and addresses of community arithm information pursuant to \$100 (for the providing access to broadband service in the proceeding calendar year.	(3010)		
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to go \$4,313 (f(1)), f(1), f		Milestone Certification (47 CFR § 54.313(t)(1))	
Sol 33 S (Ed) (1)(1)(1) the currer shall provide the number, names, and addressee of community anchor institutions to which began providing access to broadband service in the preceding calendar year			Name of Attached Document Listing Required Information
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3014 Fye, does your company a Privately Held RDR Carrier (47 CFR 5 54.313(f)(2)) (Yes/No)			
Pease check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires.			
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Name of Attached Document Listing Required Information Name of Attached Document Listing Required Information (Yes/No) OC	(ans 2)	If the assesses is use on line 2014, attach your company's RUE annual	1
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State a copy of their audited financial statement; or (2) a Financial report in a format comparable to RUS Operating Report for Telecommunications		If the response is yes on line 3018, please check the boxes below to	
Social Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	200027	나라이트를 한 수일 전 라이 하면 전화가 없어 있다면 하나 있다면 사람들이 되었다면 하다 하다 때 하다 하다.	
3021] Management letter issued by the independent certified public accountant: that performed the company's financial audit.	[3019]	Either a copy of their audited financial statement; or (2) a financial report	a a format comparable to RUS Operating Report for Telecommunications
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to confirm your submission, on line 3026 pursuant to § 54.33(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to fits General Report for Telecommunications Borrowern, (3023) Underlying information subjected to a review by an independent certified public accountant. (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	(3001)		
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(3023) Underlying information subjected to a review by an independent certified public accountant. [3024) Underlying information subjected to an officer certification. [3025] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows.			
public accountant 3024 Underlying information subjected to an officer certification. 3025 Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows 3026 Attach the worksheet listing required information			
3024 Underlying information subjected to an officer certification.	(3023)		_
(3026) Attach the worksheet listing required information	(3024)		
50 PK 14 14 14 14 14 14 14 14 14 14 14 14 14	(3025)	Document(s) for Balance Sheet, Income Statement and Statement	Cash Flows
50 PK 14 14 14 14 14 14 14 14 14 14 14 14 14			
50 PK 14 14 14 14 14 14 14 14 14 14 14 14 14	(2025)	Alexack the associate boot listing appropriate information	1
Name of Attached Document Listing Required Information	[3026]	weren me worksydear istrick tedonten anottomion	
Name of Attached Document Listing Required Information			
			Name of Attached Document Listing Required Information

Certificetion - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	339032
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Virgin Mobile USA LP

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/10/2014

Printed name of Authorized Officer: Jay Franklin

Title or position of Authorized Officer: Assistant Controller

Telephone number of Authorized Officer: 9137625987 ext.

Study Area Code of Reporting Carrier:

339032

Filing Due Date for this form: 06/30/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

COSTO E 11 "25 T-CEL	ion-Agent / Carrier ection Form	FCC Form 481 ONB Control No. 3060-0936/CMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339032
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	Is authorized to submit the information reported on behalf of the reporting	carrier
also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the aut a provided to the authorized agent is accurate,	orized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier						
as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.							
Name of Reporting Carrier:							
Name of Authorized Agent or Employee of Agent:							
Signature of Authorized Agent or Employee of Agent:	Date:						
Printed name of Authorized Agent or Employee of Agent:							
Title or position of Authorized Agent or Employee of Agent							
Telephone number of Authorized Agent or Employee of Ag	nt:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:						

Attachments

0000000000	erating Compenies lection Form		FCC Form 451 CASE Control No. 3060-9565/CASE Control No. 3060-9515 July 2013	
<010>	Study Area Code		339032	
<015>	Study Area Name		Virgin Mobile USA LP	
<020>	Program Year		2015	
<030>	Contact Name - Person	USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	9137626107 ext.	
<039>	Contact Email Address	Email Address of person identified in data line <030>	andy.m.lahuaster@aprint.com	_
<810>	Reporting Carrier	Virgin Mobile USA LP		
<811>	Holding Company	Softbank Corp.		
<812>	Operating Company			

a)	QD .	A STATE OF THE PARTY.
Affiliates	SAC	Doing Business As Company or Brand Designation
Virgin Mobile USA LP	339032	Assurance Wireless
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		AND THE PERSON AND TH

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		a sign and	CC Form 481 DARS Control No. 3060 uty 2013	-0966/OM8 Control No. 3	060-0819
			to Charge and State Stat			
<010>	Study Area Code	329011				
<015>	Study Area Name	Virgin Mobile USA	LP	1		
<020>	Program Year	2015	usus zu.			
<030>	Contact Name: Person USAC should contact with questions about this data	Andrew M. Lancaste	r			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9137626107 ext.	170000			
<039>	Contact Email Address: Email of the person identified in data line <030>	andy.m.lancaster@s	print.com			
		A Property of the Control of the Con			54.313 Completion Co	54,422 Ompletion
ANNUA	L REPORTING FOR ALL CARRIERS		t to the state of the		The state of the same of	Required
<100>	Service Quality Improvement Reporting		(complete attached works	heet)	18.	11 11 11 15
<200>	Outage Reporting (voice)		(complete attached works	heet)		
<210>	< check box if no	outages to report			10	1884
<300>	Unfulfilled Service Requests (voice)			1		
<310×	Detail on Attempts (voice)					NI III
45102	betail of Attempts (voice)				I Nac Au	
				(attach descriptive de	ocument)	
<320>	Unfulfilled Service Requests (broadband)					11111
	, , ,		141111111111111111111111111111111111111	1		
<330>	Detail on Attempts (broadband)			(attach descriptive o	focument)	
<400>	Number of Complaints per 1,000 customers (voice)		Ven V	-	V	
<410> <420>	Fixed Mobile					
<430>	Number of Complaints per 1,000 customers (broadb	and)			- Inch	
<440>	Fixed					11111
<450>	Mobile					
<500>	Service Quality Standards & Consumer Protection Re	ules Compliance	(check to indicate certific	ration)		
				Line tratea de restau		
<510>			(attached descriptive o	locument)		
<600>	Functionality in Emergency Situations	-31	(check to indicate certific	ration)		
			(attached descriptive docu	ument)		
<610>			1			
<700>	Company Price Offerings (voice)		(complete attached work:	sheet)		1111.
<710>	Company Price Offerings (broadband)		(complete attached work	sheet)		14640
<800>	Operating Companies and Affiliates		(complete attached work	sheet)		1
	Tribal Land Offerings (Y/N)?	(i)	f yes, complete attached work	sheet)		
<1000>	Voice Services Rate Comparability		(check to indicate certific	ation)	28	1000
12/12/202			1 man 1 man 1	207		
<1010>			(attach descriptive docu	ment)		
<1100>	Terrestrial Backhaul (Y/N)?	<u> </u>	if not shock to indicate costiff	entional		8000
	Constitution (1711): O O	.!	if nat, check to indicate certific		100	1888
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached work		481111	SIE
	Price Cap Carriers, Proceed to Price Cap Additional I	Documentation Work			1225633	
	Including Rate-of-Return Carriers affiliated with Pri					
<2000>			(check to Indicate certificate	ation)	1.1	FILLS
<2005>	Date of Date of Control of Contro		(complete attached works	theet)		1888
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Worl	ksheet (check to indicate certificate)	ation)		11111
<3005>			(complete attached works		1/4	1111

	rvice Quality improvement Reporting Election Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	329011	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c	ompany is a	
	CETC which only receives frozen support, your progress report is only	507 - 201	
	required to address voice telephony service.	I	N UI SEE
	Please check these boxes below to confirm that the attached documents(s), on lin 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Vol	ice)	1000		FCC Form 481	
Data Collection Form					86/OMB Control No. 3060-0819
				July 2013	

<010>	Study Area Code	329011
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew X. Lancastex
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

	<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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F												30000
\vdash			-		65				+			

\$300 GOOD TANKED	ce Offerings Including Voice Rater Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	329011	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com	
<701>	Residential Local Service Charge Effective Date 1/1/2014		
<702>	Single State-wide Residential Local Service Charge		

<703>

<a1></a1>	62 5	43>	<bl> <br <="" th=""/><th> kesidential Local</th><th></th><th>44></th><th>Mandatory Extended Area</th><th>*</th></bl>	 kesidential Local		44>	Mandatory Extended Area	*
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fe
				W-1 1			Ann many	
-							U1	
						200		
-							- Constitution of the state of	
	7 7 9					7 8 2 7 2 4 12 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Data Coll	ection of Price Offerings action Form	FCC form 461. OTHIS Control No. 3060-0586 FOMB Control No. 3060-0818 Init 2013.
<010>	Study Area Code	329011
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (selec
						Total Contract		
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V.								
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	erating Companies lection Form					FCC Form 481 OMB Control No. 3060-9395/OMB Control No. 3060-0819 4uly 2013
<010>	Study Area Code		329011			
<015>	Study Area Name		Virgin Mobile	USA LP	- INVES	Harris Control of the
<020>	Program Year	= #	2015		=100%;	21/- 3////
<030>	Contact Name - Person	USAC should contact regarding this data	Andrew M. Lar	ncaster	11//	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	9137626107 ex	ct.		*1
<039>	Contact Email Address	Email Address of person identified in data line <030>	andy m. lanca	ster@sprint.com		
<810>	Reporting Carrier	Virgin Mobile USA LP			de la constanta de la constant	
<811>	Holding Company	Softbank Corp.			20-00-	1000
<812>	Operating Company	011/02	/ 5500000	WW SEMAN		
<813>		a v		- Q2>		4
		Affiliates		SAC	Doin	ng Business As Company or Brand Designation
			and the			
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		and the second of the second	See atta	ached worksh	et	
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		The state of the s	-			
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		KANSAN TELEVISION TO THE STREET T				
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MEN NEW Y	bal Lands Reporting lection form	FCE Form #81 OMB Control No. 9060-0986/OMS Control No. 9060-0819 July 2013
010>	Study Area Code	329011
015>	Study Area Name	Virgin Mobile USA LP
020>	Program Year	2015
030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
035>	Contact Telephone Number - Number of person identified in data line <0	
339>	Contact Email Address - Email Address of person identified in data line <0	030> andy.m.lancaster@sprint.com
910>	Tribal Land(s) on which ETC Serves	
920>	Tribal Government Engagement Obligation	Name of Attached Document
your	company serves Tribal lands, please select (Yes, No, NA) for each these boxes	
confi	irm the status described on the attached document(s), on line 920,	
emons	strates coordination with the Tribal government pursuant to	Select
54.31	3(a)(9) includes:	(Yes,No,
	Needs assessment and deployment planning with a focus on Tribal	NA)
21>	community anchor institutions.	
21>	community anchor institutions. Feasibility and sustainability planning;	
22>		
22> 23>	Feasibility and sustainability planning;	
22> 23> 24>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	
22> 23> 24> 25>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	
22> 23> 24> 25> 26>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	
	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	

SETTINGS TO SET	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	329011	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.	TANK AND
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

<010>	Study Area Code	329011
<015>	Study Area Name	Virgin Mobile USA LF
<020>	Program Year	1997 (W. W. W
<030>	Contact Name - Person USAC should contact regarding this data	2015 Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP h	http://www.assurancewireless.com/Public/TermsandConditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
	Additional charges for toll calls, and rates for each such plan.	

Cata Col	rice Cap Carrier Additional Odcumentation lection Form			FCC Form 481 OMS Control No. 3060-0986/OMS Control No. 3060-0919
Including	Rote of Return Cartiers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	329011		
<015>	Study Area Name	Virgin Mobile USA LP		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster		
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	9137626107 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <0305	andy, m. laneaster@sprint.com		
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),{			
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	t shall provide the number, names, an	id L	
<2021>	Interim Progress Community Anchor Institutions			
	the state of the s	Na	ime of Attached Document Listin	g Required Information

5000	da Of Returs Carrier Additional Documentation		FCC Form 451
esta Coli	action Form		Date Control No. 2000-Designate Centrol Rep. 2000-0615 Note 2018
-			and the second s
<010>	Study Area Code	329011	
<015>	Study Area Name	Virgin Mobile USA LP	
<020>	Program Year Contact Nume - Person USAC should contact regarding this data	2015	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Andrew M. Lancaster 9137626107 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com	
ASSESSED.	STREAM TO THE THE TAX TO STREAM TO S	THE STREET STREET, STR	STRIBUSTICIONES STRIBUSTOS SERVICIOS
CHECK	he boxes below to note compliance on its five year service quality plan (pursua CFR 4 54.313/f/2). I further certify that ti	nt to 47 CPK 3 54.202(a)) and, for privately held carriers, ensur ne information reported on this form and in the documents at	
			1
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification (47 CFR § S4.313(F)(1)(i))		
		Name of Attached Document Listing Required Info	ormation
	Please check this box to confirm that the attached document(s), on line 3	012 contains the required information oursuant to	***************************************
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and address	esses of community anchor institutions to which began	
	providing access to broadband service in the preceding calendar year.		_
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
		Name of Attached Document Listing Required Information	00
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	CC
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	n
Please	check these boxes to confirm that the attached document(s), on line 301	7 contains the required information pursuant to 6.54.313	(fv2) compliance remires:
	Electronic copy of their annual RUS reports (Operating Report for	, some of the required information parasient to 3 of 5 13	(NE) compliance requires
(2012)	Telecommunications Borrowers)		<u></u>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows	
(1047)	If the response is yes on line 3014, attach your company's RUS annual		1
(act)	report and all required documentation	1	l l
	Topote and an industrial documentation.		
		Name of Attached Document Listing Required Information	~~
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	(C)(C)
	If the response is yes on line 3018, please check the boxes below to		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to RUS Operating Report for Telecommunica	ations
			=
(3020)	Document(s) for Balance Sheet, income Statement and Statement of C	ash Flows	
(3021)	Management letter issued by the independent certified public accountant, that	performed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below		_
	to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
300000	independent certified public accountant; or 2) a financial report in a		
	format comparable to MUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		_
	public accountant		
(3024)	Underlying information subjected to an officer certification. Document(s) for Raiance Sheet Income Statement and Statement of Co.	ich Elmie	
(3023)	Document(s) for Balance Sheet, Income Statement and Statement of Co	ISG PIOWS	
	I		F .
(3026)	Attach the worksheet listing required information		I
(200.0)	The state of the s		1
	1		ı
	L	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Oata Collection Form		FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	329011
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030>	andy.m.lancaster@sprint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Virgin Mobile USA LP Signature of Authorized Officer: CERTIFIED ONLINE Date 06/10/2014 Printed name of Authorized Officer: Jay Franklin Title or position of Authorized Officer: Assistant Controller Telephone number of Authorized Officer: 9137625987 ext. Study Area Code of Reporting Carrier: 329011 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

ESTRUCTURE STATES	ion - Agent / Carrier ection Form :	PCC Form 481 DAMB Centrol No. 3050-0985/OMB Control No. 3050-0819 July 2013
<010>	Study Area Code	329011
<015>	Study Area Name	Virgin Mobile USA LP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andrew M. Lancaster
<035>	Contact Telephone Number - Number of person identified in data line <030>	9137626107 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	andy.m.lancaster@sprint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier. Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:	AND THE PARTY OF T			
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:	25 1922/1/4/10			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
	ted to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have orting carrier; and, to the best of my knowledge, the information reported herein is accurate.	provided		
Name of Reporting Carrier:		1		
Name of Authorized Agent or Employee of Agent:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Printed name of Authorized Agent or Employee of Agent:				
Fitle or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Ag				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

